Washington State Health Care Authority

# Payment Discrepancy Reporting Form

Use this form to report differences between the amount billed by the Health Care Authority (HCA) and the amount paid by your agency for the designated coverage period. If your premium payment does not match the billed amount exactly, this form **must** be submitted with your payment for use by HCA Accounts Receivable to reconcile your agency's account.

**Note:** If your agency does not key its own eligibility changes, you must also submit the appropriate eligibility adjustment forms and/or Medical and Dental Coverage forms to the Public Employees Benefits Board (PEBB) Training and Outreach unit.

| Agency/Sub | Agency name | Coverage period (MM/YYYY) |
|---|---|---|
| | | |

| Employee SSN | Employee name | Reason for adjustment | Amount of adjustment |
|---|---|---|---|
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Amount due per remittance slip $_____ +/-

Total of all adjustments $_____ =

Payment (check) amount $_____

Completed by _____ Phone _____

HCA 46-008 (3/04)